

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90210 040 ***150.00

DOCUMENT # P01000095836

1. Entity Name
CRYSTAL STREAM WATER INC.



Principal Place of Business
**6760 BULL RUN ROAD STE 347
MIAMI LAKES FL 33014**

Mailing Address
**6760 BULL RUN ROAD STE 347
MIAMI LAKES FL 33014**

2. Principal Place of Business

3. Mailing Address

18520 N.W. 67TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 262

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33015

4. FEI Number **65-1143329**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FONSECA, OSCAR

6760 BULL RUN ROAD STE 347

MIAMI LAKES FL 33014

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **FONSECA, OSCAR**
STREET ADDRESS **6760 BULL RUN ROAD STE 347**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **P/D** ☒ Change ☐ Addition
NAME **FONSECA, OSCAR**
STREET ADDRESS **6760 BULL RUN ROAD STE 347**
CITY-ST-ZIP **MIAMI LAKES, FL 33014**

TITLE **D** ☐ Delete
NAME **FONSECA, OSCAR**
STREET ADDRESS **6760 BULL RUN ROAD STE 347**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **S** ☐ Change ☒ Addition
NAME **MARTINEZ, CARMEN**
STREET ADDRESS **5762 WEST 2nd COURT**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **ALFREDO CARABALLO**
STREET ADDRESS **1821 WEST 73 PLACE**
CITY-ST-ZIP **HIALEAH, FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmen Martinez
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/2003 (786)286-5392

Date Daytime Phone #

CR2E034 (10/02)